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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769840

1. Corporation Name

HAROLD STRASSER GOOD SAMARITAN MEMORIAL FUND, IN C.

Principal Place of Business

3540 FOREST HILL BLVD.
 101
 WEST PALM BEACH FL 33406
 US

Mailing Address

3540 FOREST HILL BLVD.
 101
 WEST PALM BEACH FL 33406
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/15/1983

4. FEI Number

59-2330802

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEDO, DOUGLAS, M.D.
 2401 PGA BLVD
 SUITE 100
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name **TENNA WILES**
 82 Street Address (P.O. Box Number is Not Acceptable)
3540 FOREST HILL BLVD. #101
 83
 84 City **WEST PALM BEACH** FL 85 Zip Code **33406**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE * *Tenna Wiles*

TENNA WILES

3-16-99

Signatures typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHILLINGER, BRENT M MD	
STREET ADDRESS	7280 W PALMETTO PK RD SUITE 207N	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WICKEN, JEAN	
STREET ADDRESS	3540 FOREST HILL BLVD #101	
CITY-ST-ZIP	W. PAL BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARKS, V A M	
STREET ADDRESS	3370 BURNS RD, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEDO, DOUGLAS, M.D.	
STREET ADDRESS	2401 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEAN M. MALECKI	
1.3 STREET ADDRESS	826 EVERAIA ST.	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TENNA WILES	
2.3 STREET ADDRESS	3540 FOREST HILL BLD #101	
2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAY G BAYNHAM	
3.3 STREET ADDRESS	3401 PGA BLVD. #500	
3.4 CITY-ST-ZIP	P. BEACH GARDENS, FL 33410	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRADLEY S. FEUER	
4.3 STREET ADDRESS	4621 HUNTING TRAIL	
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALAN B. PILLERSDORF	
5.3 STREET ADDRESS	1620 S. CONGRESS AVE. #100	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33461	
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STUART B. HIMMELSTEIN	
6.3 STREET ADDRESS	5258 LINTON BLVD. #206	
6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE * *Tenna Wiles* SIGNATURE REQUIRED

3-16-99

561-433-3955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)